PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

005510-P076

		CLAINS A		(Column 1) (Column 2)			SMALL ENTITY TYPE ()			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			06					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			Minus 20=		* 10			X\$ 9=	1.	OR	X\$18=	270
INDEPENDENT CLAIMS			7 minus 3 =		* 🕢		Ì	X42=	 -	OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	Į	TOTAL		OR	TOTAL	020
CLAIMS AS AMENDED - PART II											OTHER THAN	
		(Column 1)		(Colur		(Column 3)	L	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	ن سومن	=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	F CL AINA	= [X42≈		OR	X84=	
<u> </u>	THOTTRESE	INTATION OF IM	JETTPEL DEF	LINDEIN	CLATIVI			+140=		OR	+280=	
						•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colur		(Column 3)	١ ـ	, , , , , , , , , , , , , , , , , , ,				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= '	11	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- CL AIRA	[=		X42=		OR	X84=	
_	FINOT PRESE	NTATION OF MU	JUITPLE DEF	ENDEN	CLAIM	CLAIM		+140=		OR	+280=	
							L	TOTAL			TOTAL ADDIT, FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)		ADDIT. FEE			AUUII. FEEI	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA	=		X42=		OR	X84≐	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Proviously Reid For" IN THIS SPACE is less than 20, enter "00." ** TOTAL												
***	If the "Highest Nu	mber Previously Pa ber Previously Pa	aid For" IN THI	S SPACE I	is less tha	n 3, enter "3."			ropriate box		ADDIT. FEE	

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